SERIAL NO MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER **AFTER AS FILED AS FILED** 1" AMENDMENT 2 [™] AMENDMENT 1" AMENDMENT 2 [™] AMENDMENT DEP. IND. DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 79 TOTAL TOTAL IND. IND. TOTAL TOTAL DEP. DEP. TOTAL TOTAL CLAIMS

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